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SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate sche for each category Detailed Summary	edule(s) of the	FOR LINE NUMBER: (check only one) 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Cantor for Congress			
Full Name (Last, First, Middle Initial) A. Mr. Thomas Allen			Date of Disbursement
Mailing Address 337 Clovelly Road			08 06 2014
City State Zip Code Richmond VA 23221-3701			Amount of Each Disbursement this Period
Purpose of Disbursement General Election Contrib. Refund		010	400 Transaction ID : B-E-80662
Candidate Name		Category/ Type	
State: District: Full Name (Last, First, Middle Initial)			
Mr. Randolph Altschuler Mailing Address 5 Meadow Gate E			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State	Zip Code		
Saint James NY	11780-1349		Amount of Each Disbursement this Period
Purpose of Disbursement General Election Contrib. Refund			400 Transaction ID : B-E-80958
Candidate Name		Category/ Type	Transaction is . S E cocce
Office Sought: House Disbursement Format Senate President Other			
State: District:			
Full Name (Last, First, Middle Initial) Mr. Daniel Ansell			Date of Disbursement
Mailing Address 200 Park Avenue			08
City State Zip Code Amount of Each Disburseme New York NY 10166-0005		Amount of Each Disbursement this Period	
Purpose of Disbursement General Election Contrib. Refund			2600
Candidate Name C		Category/ Type	Transaction ID : B-E-80959
Office Sought: House Disbursement For Senate Primar Other			
State: District:			
SUBTOTAL of Disbursements This Page (optional)			3400.00

TOTAL This Period (last page this line number only).....